

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046730

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 212

FILED DEC 12 1963

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 19 M. N.E. of Eminence		d. STREET ADDRESS (If outside, give location) 3181 Watson Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last William Roger Whitney		4. DATE OF DEATH Month Day Year November 29 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/16/43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Arthur E. Whitney		13b. MOTHER'S MAIDEN NAME Elva Laverne Rodgers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Arthur E. Whitney		Address St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUFFOCATION DUE TO (b) DROWNING DUE TO (c) [redacted] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) DROWN	
20c. TIME OF INJURY Hour a.m. p.m. 11 29 1963	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Blue Springs Eminence, Shannon, Mo.		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis Co. Missouri		
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Frank Sufones Coroner		22b. ADDRESS Eminence Mo	
22c. DATE SIGNED 12-4-1963		22d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/3/63	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pl		23d. LOCATION (City, town, or county) St. Louis Co. Missouri	
24. FUNERAL DIRECTOR Duncan Funeral Home Mtn. View, Mo		25. DATE RECD. BY LOCAL REG. Dec 10 63	
26. REGISTRAR'S SIGNATURE Mable Green			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

11 10

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10 42

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13 1-0

Base Line

60744-010

60744-010

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles D. Carter

Licensed Embalmer No. 5107

P. O. Address mtz, Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.